

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 99762 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 11<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Julia Ann Gantt

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 64 Years, — Months, — Days.

Color, Colored

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Widow

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland Baltimore City

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give Street and Number. } 805 Elder Alley

Cause of Death, { First (Primary), Second (Immediate), } Disease of the Heart  
(Supposed to be fatty degeneration)

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Sharps Cemetery

Date of Burial, May 13 1887

Undertaker, William A. Dwyer J. S. Gillies M. D.

Medical Attendant.

Place of Business, 150 East St Address, 437 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



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## Health Department, City of Baltimore.

Permit No.

99763

Office of Registrar of Vital Statistics.

Ward

7<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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### CERTIFICATE OF DEATH.

Date of Death, May 11<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sarah C. Knott

Sex, Male or Female, { Cross out the word not required in this line. }

F.

Age, 72 Years, Months, Days.

Color, W. ✓

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation, Seamstress

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. }

Near Enson St 921 E. Hoffmann St.

Cause of Death, { First (Primary), Second (Immediate), }

Pneumonia

Asthma

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, May 13, 1887

Undertaker, Wm. H. Hickman

H. J. Remonds M. D.

Medical Attendant.

Place of Business, 234 N. Gay Address, 722 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, Cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99764 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 11th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann Elizabeth Cook

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 32 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1124 Mulberry St

Cause of Death, { First (Primary), Second (Immediate), } Phthisis

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician

Place of Burial, London Park

Date of Burial, May 13<sup>th</sup> 1887

Undertaker, M. Cadogan

Place of Business, 227 Mulberry St

Wm. Whitebridge M. D.  
Medical Attendant.  
S. E. corner Charles & Reed

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

99765

Office of Registrar of Vital Statistics.

Ward

9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

May 12th 1887

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Cristina Ryan

Sex, Male or Female,

Cross out the word not required in this line.

Age,

29

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Birth Place,

State or country, and how long in the United States, if of foreign birth.

Ireland

Duration of Residence in the City of Baltimore,

6 years

Place of Death,

Give Street and Number.

6 Pleasant St

Cause of Death,

First (Primary),

Cancer of Uterus

Second (Immediate),

Exhaustion

Duration of Last Sickness,

6 months

All the above information should be furnished by the Physician.

Place of Burial,

St Patrick Cemetery

Date of Burial,

May 14th 1887

Undertaker,

Henry H. Mears

Place of Business,

413 E. Fayette St

Address,

711 N. Calvert

Medical Attendant.

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9976 Office of Registrar of Vital Statistics. Ward 1<sup>st</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 11<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Supposed to be Leroy G Bagley

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, About 40 Years, Months, ✓ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } unknown

Occupation, mariner

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Supposed to North Carolina

Duration of Residence in the City of Baltimore,                     

Place of Death, { Give Street and Number. } In water off Chats Iron wharf

Cause of Death, { First (Primary), Second (Immediate), } accidental Drowning

Duration of Last Sickness,                     

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 13<sup>th</sup> 1887

Undertaker, Henry H. Mears B. H. Muth M. D.

Place of Business, # 413 E. Fayette St Address 403 N. Maryland

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate

# Health Department, City of Baltimore.

Permit No. 99767 Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, { Cross out the word not required in this line.

Age, 58 Years,

9 Months,

10 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Occupation,

Housekeeper

Birth Place, { State or Country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore,

Baltimore, Life long

Place of Death, { Give Street and Number.

Druid Hill Ave., 2038

Cause of Death,

{ First (Primary),

{ Second (Immediate),

Enlargement of liver, probably of Cancerous nature  
About one year

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Greenmount City

Date of Burial,

May 14 1887

Undertaker,

Henry S. Hatchell

Medical Attendant.

Place of Business,

550 W. Fayette St.

Address,

1008 Md. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this certificate.

# Health Department, City of Baltimore.

Permit No. 99768 Office of Registrar of Vital Statistics. Ward 7

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## CERTIFICATE OF DEATH.

Date of Death, May 12 " 1887

Full Name of Deceased, Barbara Easton

Sex, Male or Female, Female

Age, 77 Years, 3 Months, 15 Days.

Color, White

Married, Single, Widow or Widower, Married

Occupation, ✓

Birth Place, Germany

Duration of Residence in the City of Baltimore, 52 years

Place of Death, 40 West St

Cause of Death, Malaise Fever  
with Paralysis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, May 18

Undertaker, B. H. Hall

Place of Business, 115 West St

Address, 104 Fort Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Disease back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99769 Office of Registrar of Vital Statistics. Ward 15

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## CERTIFICATE OF DEATH.

Date of Death, 12<sup>th</sup> May 1887  
Full Name of Deceased, Maria Bluefiche {Write legibly and spell correctly. If an infant not named, give names of parents.  
Sex, Male or Female, {Cross out the word not required in this line.  
Age, 3 Years, 6 Months,  Days  
Color, white  
Married, Single, Widow or Widower, {Cross out the words not required in this line.  
Occupation,   
Birth Place, {State or country, and how long in the United States, if of foreign birth. Baltimore  
Duration of Residence in the City of Baltimore, 3 years 6 months  
Place of Death, {Give Street and Number. 617 Henry St  
Cause of Death, {First (Primary), Pneumonia  
Second (Immediate), Carbonic Acid poisoning  
Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's  
Date of Burial, May 14  
{ Undertaker, B. H. H. H. } J. A. H. H. M. D.  
Place of Business, 115 West 4 Address, 254 Pearl St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No.

99770

Office of Registrar of Vital Statistics.

Ward 20

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## CERTIFICATE OF DEATH.

Date of Death, May 12 1887  
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann. Elizabeth Murphy  
Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}  
Age, 3 Years, Months, Days  
Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Baltimore

Duration of Residence in the City of Baltimore,

Always

Place of Death, {Give Street and Number.}

1629 Vincent Alley

Cause of Death, {First (Primary), Second (Immediate),}

Hemiparesis

Duration of Last Sickness,

From Birth

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, May 13 1887

Undertaker, J. J. Chappell, M. D.

Place of Business, 3611 Orchard St Address, Medical Attendant, J. J. Chappell, M. D.

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[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. *9977* Office of Registrar of Vital Statistics. Ward *3*

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## CERTIFICATE OF DEATH.

Date of Death, *14th May 1887*  
Full Name of Deceased, *Bernhard Müller*  
Sex, *Male* or Female, *Male*  
Age, *2* Years, *6* Months, *0* Days.  
Color, *white*  
Married, Single, Widow or Widower, *Single*  
Occupation, *None*  
Birth Place, *Baltimore City*  
Duration of Residence in the City of Baltimore, *During lifetime*  
Place of Death, *S. Wolfert St. No 124.*  
Cause of Death, *Hydrocephalus chronicus*  
*Tussis convulsiva*  
Duration of Last Sickness, *8 days*

All the above information should be furnished by the Physician.

Place of Burial, *Albany*  
Date of Burial, *14 May 87*  
Undertaker, *John Brown*  
Place of Business, *P. Bethel* Address, *S. Wolfert St. 308.*  
Medical Attendant, *William Hennel* M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]